


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

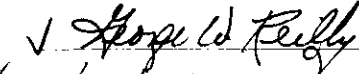
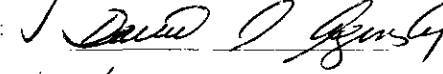
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER 010 - 417	2. PERIOD COVERED From MO DAY YEAR 01 01 2003 Through 12 31 2003	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XI of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name GEORGE W Last Name REILLY P.O. Box - Building and Room Number (if any) Number and Street 158 - 29 GEORGE MEANY BLVD City HOWARD BEACH State NY ZIP Code + 4 11414 - <input type="text"/>		
4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 1	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions.)

76. SIGNED:  3/30/04 Date 718-738-7500 Telephone Number	BUSINESS MANAGER (If other title, see instructions.)	77. SIGNED:  3/30/04 Date 718-738-7500 Telephone Number	FINANCIAL SECRETARY (If other title, see instructions.)
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04-109-022/010417

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☒ No ☐
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

19. What is the date of your organization's next regular election of officers? MO YEAR

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <input type="text" value="22/16"/> per <input type="text" value="MONTH"/> MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ <input type="text" value="300/500/2000"/>
(c) Transfer Fees	\$ <input type="text" value="0"/>
(d) Work Permits	\$ <input type="text" value="0"/> per <input type="text" value="NONE"/> NONE (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒ ☐

24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 1 0 - 4 1 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			9 7 4 2 3 7 9	1 1 6 0 5 6 1 1
	26. Accounts Receivable.....			1 1 7 8 2 4	1 1 6 7 0 1
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			1 5 7 2 5 2 8	1 5 9 2 0 8 4
	29. Investments.....	2		1 8 8 1 4 4	2 5 1 6 1 5
	30. Fixed Assets.....	5		2 0 7 8 6 3 1	2 0 4 9 3 1 5
	31. Other Assets.....	3		6 9 7 2 4	7 9 9 8 1
	32. TOTAL ASSETS.....			1 3 7 6 9 2 3 0	1 5 6 9 5 3 0 7
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			1 7 8 2 9 0	1 9 0 1 2 1
	34. Loans Payable.....	8		0	0
	35. Mortgages Payable.....			0	0
	36. Other Liabilities.....	4		7 9 1 9 3	4 0 5 6 3
37. TOTAL LIABILITIES.....			2 5 7 4 8 3	2 3 0 6 8 4	
38. NET ASSETS (Item 32 less Item 37).....			1 3 5 1 1 7 4 7	1 5 4 6 4 6 2 3	

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 010 - 417

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		1 5 0 8 9 5 6	56. To Officers.....	9	1 0 2 8 8 7 7
40. Per Capita Tax.....		0	57. To Employees.....	10	2 6 5 6 9 2
41. Fees.....		0	58. Per Capita Tax.....		1 2 0 7 7 9 5
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		5 9 8 7 0 3 0	60. Office & Administrative Expense....	13	2 0 6 0 2 2
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		3 4 9 0 3 2
46. Interest.....		1 5 9 6 6 8	63. Benefits.....	11	1 2 1 9 8 8 9
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	0
48. Rents.....		6 2 6 5 2 3	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	3 6 4 3	66. Direct Taxes.....		1 4 4 8 4 8
50. Loans Obtained.....	6	0	67. Withholding Taxes.....		6 3 9 3 8 0
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	8 1 1 7 4
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	3 2 0 1 9 9	71. To Affiliates of Funds Collected on Their Behalf.....		2 4 5 5 7 3
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 3 5 4 5 0 5
55. TOTAL RECEIPTS.....		8 6 0 6 0 1 9	74. TOTAL DISBURSEMENTS.....		6 7 4 2 7 8 7

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1—LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

The totals from Line 6 are entered in.....

Item 27

Column (A)

Item 69

Item 51

Item 75

with Explanation

Item 27

Column (B)

SCHEDULE 2 - INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 0 1 0 - 4 1 7

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 8 8 1 4 4
2. Total Book Value	2 5 1 6 1 5
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. ALLIANCEBERNSTEIN GROWTH & INC (a) A	1 3 9 8 8 7
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 5 1 6 1 5
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID EXPENSES	7 9 9 8 1
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 9 9 8 1
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL RELATED LIABILITIES	1 7 8 1 3
2. SECURITY DEPOSIT	2 2 7 5 0
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 0 5 6 3
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 1 0 - 4 1 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 158-29 GEORGE MEANY, NY 11414	2 7 6 0 7 4		2 7 6 0 7 4	2 7 6 0 7 4
2. Totals from additional pages (if any)	1 2 0 0 0 0		1 2 0 0 0 0	1 2 0 0 0 0
3. Buildings (give location): 158-29 GEORGE MEANY, NY 11414	1 0 1 0 9 0 8	6 1 9 1 1 1	3 9 1 7 9 7	3 9 1 7 9 7
4. Totals from additional pages (if any)	2 2 2 2 3 4 4	1 0 3 5 2 0 9	1 1 8 7 1 3 5	1 1 8 7 1 3 5
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	3 3 6 7 2 5	3 2 2 9 2 6	1 3 7 9 9	1 3 7 9 9
7. Other Fixed Assets	2 2 1 2 7 0	1 6 0 7 6 0	6 0 5 1 0	6 0 5 1 0
8. Totals of Lines 1 through 7	4 1 8 7 3 2 1	2 1 3 8 0 0 6	2 0 4 9 3 1 5	2 0 4 9 3 1 5
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. REDEMPTION OF C.D.'s	1 0 0 0 0 0	1 0 0 0 0 0	1 0 0 0 0 0	1 0 0 0 0 0
2. REDEMPTION OF TREASURY BILLS	2 7 1 5 3 5 1	2 7 1 5 3 5 1	2 7 1 5 3 5 1	2 7 1 5 3 5 1
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	3 7 1 5 3 5 1	3 7 1 5 3 5 1	3 7 1 5 3 5 1	3 7 1 5 3 5 1
7. Less Reinvestments				3 7 1 1 7 0 8
8. Net Sales				3 6 4 3
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 0 - 4 1 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTERS, NETWORK	46876	46876	46876
2. BUILDING IMPROVEMENTS, 159-29 GEORGE MEANY BLVD, NY 11414	34298	34298	34298
3. TREASURY BILLS	2711708	2711708	2711708
4. C.D.'s	1000000	1000000	1000000
5. Totals from additional pages (if any)			
6 Totals of Lines 1 through 5	3792882	3792882	3792882
	7. Less Reinvestments		3711708
	8. Net Purchases		8 1 1 7 4
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6 Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 0 - 4 1 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. AGINSKY DAVID FINANCIAL SEC.	C	1 1 4 1 4 7	5 7 8 3	1 2 3 0	0	1 2 1 1 6 0
2. ALOISI NICHOLAS BUS. AGENT	C	1 0 6 9 2 6	5 7 8 3	2 9 1	0	1 1 3 0 0 0
3. BRADY KEVIN BUS. AGENT	C	1 0 7 1 6 6	5 7 8 3	7 6 3	0	1 1 3 7 1 2
4. CORBETT ROBERT ORGANIZER	C	1 0 6 1 9 4	5 7 8 3	1 2 3 1	0	1 1 3 2 0 8
5. DOHERTY DONALD BUS. AGENT	C	1 0 8 3 5 0	5 7 8 3	1 1 6 8	0	1 1 5 3 0 1
6. FEENEY JOHN BUS. AGENT	C	5 6 9 8 6	3 0 2 4	5 5 5	0	6 0 5 6 5
7. GOFFREDO DOMENICK BUS. AGT. AT LG	P	5 5 6 3 3	2 8 9 0	1 5 7 3	0	6 0 0 9 6
8. Totals from additional pages (if any)		1 0 0 3 6 6 3	5 1 4 9 0	1 5 3 8 9	0	1 0 7 0 5 4 2
9. Totals of Lines 1 through 8		1 6 5 9 0 6 5	8 6 3 1 9	2 2 2 0 0	0	1 7 6 7 5 8 4
				10. Less Deductions	7 3 8 7 0 7	
The total from Line 11 is entered in ... Item 56				11. Net Disbursements	1 0 2 8 8 7 7	

*Code for Status (C): past officer - P, continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 0 - 4 1 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. CAMPUZANO JOY OFFICE O.P.E.I.U. 153	3 6 8 9 0	0	0	0	3 6 8 9 0
2. COFRANCESCO GINA OFFICE O.P.E.I.U. 153	3 1 4 5 8	0	0	0	3 1 4 5 8
3. DITULLIO TERRY OFFICE	1 3 7 4 6	0	0	0	1 3 7 4 6
4. HUNTER JUSTINE OFFICE O.P.E.I.U. 153	2 8 4 8 3	0	0	0	2 8 4 8 3
5. PRESMAN ZOYA OFFICE O.P.E.I.U. 153	6 4 8 9 5	0	2 7	0	6 4 9 2 2
6. Totals from additional pages (if any)	1 4 6 6 0 2	0	1 6	0	1 4 6 6 1 8
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 4 2 1 1	0	0	0	3 4 2 1 1
8. Totals of Lines 1 through 7	3 5 6 2 8 5	0	4 3	0	3 5 6 3 2 8
			9. Less Deductions	9 0 6 3 6	
The total from Line 10 is entered in Item 57			10 Net Disbursements	2 6 5 6 9 2	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 1 0 - 4 1 7

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	PLUMBERS LOCAL 1 WELFARE	6 8 7 2 0 6
2. PENSION	UA PENSION	3 0 0 1 0 1
3. PENSION	P&P NATIONAL PENSION	1 5 1 2 2 1
4. HEALTH AND PENSION	OPEIU HEALTH; PENSION	8 1 3 6 1
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 2 1 9 8 8 9

The total from Line 6 is entered in Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. None	0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0

The total from Line 8 is entered in Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE	4 8 2 5 2
2. INSURANCE	1 1 3 8 7 6
3. TELEPHONE	4 3 8 9 4
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 0 6 0 2 2

The total from Line 8 is entered in Item 60

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. ASSOCIATION DUES REIMBURSEMENT	2 1 4 1 2
2. OFFICE REIMBURSEMENT	1 1 9 7 6
3. LEGAL FEE REIMBURSEMENT	1 1 9 4 7
4. PENSION REIMBURSEMENT	1 0 4 8 2
5. R/E CO. DISTRIBUTION TO PLU 1	2 4 9 7 0 6
6. REIMBURSEMENT BY OFFICERS-	7 7 6 4
7. REIMBURSEMENT OF FED TAXES	3 8 0 1
8. CLOTHING & PROMOTIONAL ITEM SALE	1 5 5 6
9. SOFTBALL RECEIPTS	9 2 5
10. BANK ACCOUNT CLOSED	6 3 0
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 2 0 1 9 9
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. REIMBURSEMENT OF DUES	1 9 6 0
2. ORGANIZING EXPENSES	8 0 6
3. CONFERENCES AND CONVENTIONS	1 9 6 6 9
4. ASSOCIATION DUES	1 2 7 8 1 7
5. TICKETS AND JOURNALS	9 3 8 3 1
6. AUTOMOBILE	1 2 5 5 1 2
7. MEETING	5 0 3 9 7
8. COMPUTER SUPPORT	8 4 9 0
9. POSTAGE	9 6 7 9
10. PRINTING	4 1 8 6 6
11. PICKET	7 6
12. PUBLICATION REPORTS	1 6 4 2 8
13. ELECTION EXPENSES	3 2 6 3 9
14. LABOR DAY PARADE	2 5 7 6 2
15. TEE-SHIRT AND JACKETS	3 9 4 8
16. Total from additional pages (if any)	7 9 5 6 2 5
17. Total of Lines 1 through 16	1 3 5 4 5 0 5
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
PLUMBERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: **0 1 0 - 4 1 7**

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
KEMPF THOMAS ORGANIZER		N	3 0 5 9 4	1 6 6 8	1 3 2 5	0	3 3 5 8 7
KINSLEY DUDLEY BUS. AGENT		C	1 0 6 5 8 2	5 7 8 3	7 9 1	0	1 1 3 1 5 6
KUENE CHRISTOPHE BUS. AGENT		C	1 0 8 2 0 6	5 7 8 3	2 3 6 7	0	1 1 6 3 5 6
LUCARELLI DANIEL BUS. AGENT		N	1 0 6 4 1 0	5 7 8 3	3 6 3 0	0	1 1 5 8 2 3
MANGANO THOMAS BUS. AGENT		N	5 5 2 1 0	3 0 2 5	8 7 0	0	5 9 1 0 5
MURPHY JOHN BUS. AGENT		C	1 0 5 6 3 0	5 7 8 3	1 1 6 5	0	1 1 2 5 7 8
MURRAY ROBERT ORGANIZER		C	1 0 6 8 2 2	5 7 8 3	1 5 7 1	0	1 1 4 1 7 6
PARRELLA THOMAS BUS. AGENT		C	1 0 4 8 5 0	5 7 8 3	2 0 4	0	1 1 0 8 3 7

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
REILLY GEORGE W. BUS. MGR.		C	1 2 7 8 4 2	5 7 8 3	1 5 1 3	0	1 3 5 1 3 8
SANTORO JOSEPH BUS. AGENT		P	5 6 9 0 7	3 1 5 8	1 9 5	0	6 0 2 6 0
SCLAFANI DONALD BUS. MGR.		P	7 1 1 7 7	3 1 5 8	9 8 3	0	7 5 3 1 8
PAWELSKI ALAN PART TIME OFF.		C	1 4 0 0	0	0	0	1 4 0 0
RUSSINI ANTHONY PART TIME OFF.		C	1 4 0 0	0	2 0 6	0	1 6 0 6
BRUNO DOMINICK PART TIME OFF.		C	7 0 0	0	0	0	7 0 0
CONNOLLY FRANK PART TIME OFF.		C	1 4 0 0	0	0	0	1 4 0 0
THIELE FRED PART TIME OFF.		C	1 9 0 8	0	3 4 0	0	2 2 4 8

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
BRADLEY GERALD			1 4 0 0	0	0	0	1 4 0 0
PART TIME OFF.		C					
PLANNIGAN JACK			1 6 0 0	0	0	0	1 6 0 0
PART TIME OFF.		C					
FEENEY JAMES			1 6 0 0	0	0	0	1 6 0 0
PART TIME OFF.		C					
FILOSA JOHN			1 4 0 0	0	0	0	1 4 0 0
PART TIME OFF.		C					
ALOISI MICHAEL			1 4 0 0	0	0	0	1 4 0 0
PART TIME OFF.		C					
LOBODY MICHAEL			1 4 7 5	0	0	0	1 4 7 5
PART TIME OFF.		C					
JAMES REGINALD			3 5 0	0	0	0	3 5 0
PART TIME OFF.		C					
GARNER RICHARD			1 5 5 0	0	2 2 9	0	1 7 7 9
PART TIME OFF.		C					

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
CHIN ROGER			1 4 0 0	0	0	0	1 4 0 0
PART TIME OFF.		C					
SCHULMAN STEVE			5 5 0	0	0	0	5 5 0
PART TIME OFF.		C					
SLOFKISS TERRY			1 6 0 0	0	0	0	1 6 0 0
PART TIME OFF.		C					
MOORE WILLIAM			7 0 0	0	0	0	7 0 0
PART TIME OFF.		C					
STEINER ROBERT			1 6 0 0	0	0	0	1 6 0 0
PART TIME OFF.		C					

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
PHILLIPS	JOSEPH	4 0 0 1 4	0	0	0	4 0 0 1 4
MAINTENANCE						
SERIGNESE	CAMILLE	6 7 9 4 3	0	1 6	0	6 7 9 5 9
BOOKKEEPER						
O.P.E.I.U. 153						
ZIMMER	CINDY	3 8 6 4 5	0	0	0	3 8 6 4 5
OFFICE						
O.P.E.I.U. 153						

ORGANIZATION NAME: PLUMBERS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2003

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SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					

ORGANIZATION NAME:
PLUMBERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 1 0 - 4 1 7

SCHEDULE 15 – OTHER DISBURSEMENTS *(continued)*[illegible]

ORGANIZATION NAME:
PLUMBERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 1 0 - 4 1 7

SCHEDULE 5 – FIXED ASSETS: LAND (continued)[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 1 0 - 4 1 7

[illegible]

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 010 - 417

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION

Item Number	
10	PLUMBERS LOCAL ONE REAL ESTATE CO. INC., A WHOLLY OWNED SUBSIDIARY UNDER SECTION 501(c)(2) INCLUDED IN ASSETS AND OPERATIONS ON LM-2.

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 010 - 417

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION(continued)

Item Number	
11	<p>PLUMBERS LOCAL UNION No. 1 WELFARE FUND 501(c)(9) HEALTH AND WELFARE FUND PROVIDING MEDICAL BENEFITS TO ITS MEMBERS FORM 5500, FILE NUMBER 503 EIN 11-1538293 158-29 GEORGE MEANY BLVD., HOWARD BEACH, NY 11414</p> <p>PLUMBERS LOCAL UNION No. 1 ADDITIONAL SECURITY BEBEFIT FUND 501(c)(9) HEALTH AND WELFARE FUND PROVIDING SUPPLEMENTAL BENEFITS TO ITS MEMBERS FORM 5500, FILE NUMBER 501 EIN 11-1870373 158-29 GEORGE MEANY BLVD., HOWARD BEACH, NY 11414</p> <p>PLUMBERS LOCAL UNION No. 1 VACATION AND HOLIDAY FUND 501(c)(9) HEALTH AND WELFARE FUND PROVIDING VACATION AND HOLIDAY BENEFITS TO ITS MEMBERS FORM 5500, FILE NUMBER 502 EIN 11-1852585 158-29 GEORGE MEANY BLVD., HOWARD BEACH, NY 11414</p> <p>PLUMBERS LOCAL UNION No. 1 EMPLOYEE 401(k) SAVINGS PLAN SECTION 401(a) DEFERRED COMPENSATION PLAN (WITH 401(k) PLAN FEATURES) FORM 5500, FILE NUMBER 003 EIN 13-3877439 158-29 GEORGE MEANY BLVD., HOWARD BEACH, NY 11414</p> <p>PLUMBERS LOCAL UNION No. 1 TRADE EDUCATION FUND APPRENTISHIP TRAINING PROGRAM FORM 5500, FILE NUMBER 504 EIN 11-1805197 37-11 47TH AVENUE, LONG ISLAND CITY, NY 11101</p>

ORGANIZATION NAME: PLUMBERS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2003

FILE NUMBER: **0 1 0 - 4 1 7**

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
12	PLUMBERS LOCAL UNION No. 1 - POLITICAL ACTION COMMITTEE IS FILED WITH THE FEDERAL ELECTION COMMISSION AND THE NEW YORK STATE BOARD OF ELECTIONS.

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	AUDIT PERFORMED BY FRANK CAROLLO AND COMPANY, P.C. USING UNITED STATES GENERALLY ACCEPTED AUDITING STANDARDS

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	DONALD SCLAFANI, BUSINESS MANAGER OF PLUMBERS LOCAL UNION No. 1 FOR THE FIRST HALF OF THE YEAR; ALSO VICE PRESIDENT OF UNITED ASSOCIATION OF JOURNEYMEN AND APPRENTICES OF THE PLUMBERING AND PIPEFITTING INDUSTRY OF UNITED STATES AND CANADA.

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	THE LAND AND BUILDING AT 158-29 GEORGE MEANY BLVD. ARE PLEDGED AS COLLATERAL FOR A MORTGAGE ISSUED BY STERLING NATIONAL BANK FOR THE PLUMBERS LOCAL UNION No. 1 TRADE EDUCATION FUND.

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 0 1 0 - 4 1 7

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
76	UNDER SIGNATURE, TITLE OF BUSINESS MANAGER REPLACES PRESIDENT.

ORGANIZATION NAME:
PLUMBERS AFL-CIO

FILE NUMBER: 010 - 417

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
57	AN ELECTION WAS HELD IN APRIL OF 2003 FOR A COMMITTEE OF MEMBERS TO MANAGE THE OFFICERS ELECTION IN JUNE 2003. THE 49 COMMITTEE MEMBERS WERE PAID APPROXIMATELY \$697 EACH FOR A TOTAL OF \$34,211. THE BALANCE OF THE ELECTION EXPENSES (INCLUDING THE RENTAL OF THE MACHINES) IS LISTED ON ITEM 73, SCHEDULE 15.

ORGANIZATION NAME
PLUMBERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 1 0 - 4 1 7

75. ADDITIONAL INFORMATION (continued)

Item Number
54

LINE 6: AMOUNT REPRESENTS DEPOSITS WHERE OFFICERS REIMBURSED UNUSED PER DIEM.